



## Membership Application

Please note that all information here is strictly for the use of the Co-op in evaluating your request for membership and will be kept confidential. Your application is kept on file for one (1) year and it is your responsibility to reapply once the year has passed.

Answer the following form completely and in as much detail as possible.

<b>Applicant Name:</b>	
<b>Current Mailing Address:</b>	
<b>Home Phone:</b>	
<b>Cell/Work Phone:</b>	

<b>Co-Applicant Name:</b>	
<b>Current Mailing Address:</b>	
<b>Home Phone:</b>	
<b>Cell/Work Phone:</b>	

### **OCCUPANT INFORMATION** (complete for all members of the household, including Applicant and Co-Applicant)

<b>Surname</b>	<b>First Name</b>	<b>Date of Birth (YYYY-MM-DD)</b>

Do you have any health problems and/or special needs which affect your housing requirements?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain \_\_\_\_\_

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### **APPLICANT REFERENCES (No Relatives):**

Name	Address	Phone Number & E-mail address

### **CO- APPLICANT REFERENCES (No Relatives):**

Name	Address	Phone Number & E-mail address

### **PARTICIPATION**

All Co-op members are expected to participate in some aspect of the co-op's management/daily running. These committees will be headed by a board member, and will be to help with the daily running of the Co-op. Please indicate your areas of interest:

Membership Committee: Applicant\_\_\_\_\_ Co-Applicant\_\_\_\_\_  
 Finance Committee: Applicant\_\_\_\_\_ Co-Applicant\_\_\_\_\_  
 Maintenance Committee: Applicant\_\_\_\_\_ Co-Applicant\_\_\_\_\_  
 Social Committee: Applicant\_\_\_\_\_ Co-Applicant\_\_\_\_\_  
 Education Committee: Applicant\_\_\_\_\_ Co-Applicant\_\_\_\_\_

Do you have any special skills or interests that you could contribute to the Co-op? Please specify:

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Have you ever been involved in any other Co-op or any organization run by volunteers? If yes, please specify:

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Do you have any family, friends or relations currently residing at Lorentchia Housing Co-operative?

Applicant: YES: \_\_\_\_\_ NO \_\_\_\_\_

Co-Applicant: YES: \_\_\_\_\_ NO \_\_\_\_\_

If yes, please state who, and what relation: \_\_\_\_\_

### **EMPLOYMENT INFORMATION**

	<b>APPLICANT</b>	<b>CO-APPLICANT</b>
OCCUPATION		
EMPLOYER'S NAME		
LENGTH OF TIME EMPLOYED		
May we use them as a reference?	YES      NO	YES      NO

### **FINANCIAL INFORMATION**

	<b>APPLICANT</b>	<b>CO-APPLICANT</b>
INCOME (before taxes)	\$	\$
OTHER SOURCES OF INCOME (list below)	<b>APPLICANT</b>	<b>CO-APPLICANT</b>
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL INCOME:	\$	\$



### **OTHER INFORMATION**

	<b>APPLICANT</b>	<b>CO-APPLICANT</b>
BANK		
BANK ADDRESS		

	<b>APPLICANT</b>	<b>CO-APPLICANT</b>
<b>PRESENT LANDLORD</b>		
ADDRESS		
PHONE NUMBER		
LENGTH OF STAY		
CURRENT RENT PRICE		
REASON FOR LEAVING		
MAY WE USE THEM AS A REFERENCE	YES      NO	YES      NO

	<b>APPLICANT</b>	<b>CO-APPLICANT</b>
<b>PREVIOUS LANDLORD</b>		
ADDRESS		
PHONE NUMBER		
LENGTH OF STAY		
CURRENT RENT PRICE		
REASON FOR LEAVING		
MAY WE USE THEM AS A REFERENCE	YES      NO	YES      NO



## Membership Application

### Declaration and Acknowledgement

I/We acknowledge and understand that Lorentchia Housing Co-operative Ltd. is established for the purpose of providing housing to its members at cost, and that membership carries with it the responsibility to participate in the management, operation, and maintenance of the Co-operative.

I/We hereby acknowledge and agree that residency in Lorentchia Housing Co-operative Ltd. is contingent upon approval of membership in the Co-operative. I/We further understand and accept that, should this application advance through the selection process, I/We will be required to attend an interview as part of the membership evaluation process.

I/We declare that all information provided in this application is true, complete, and accurate to the best of my/our knowledge and belief. I/We hereby authorize the Co-operative to verify any and all information contained herein and to conduct a credit check at its discretion.

I/We understand that I/we may be required to provide written verification of income for each member of the household who receives income.

I/We acknowledge and agree that, if accepted for membership, a one-time membership fee of \$5.00 shall be payable.

I/We understand and consent that the information contained in this application may be disclosed to and reviewed by the following individuals for the purposes of processing and evaluating this application: the President, Vice President, Treasurer, Secretary, Membership Chair, Maintenance Chair, members of the Membership Committee, the Bookkeeper, the Auditor, and any legal or regulatory authority where required by law (including, for example, legal counsel or law enforcement).

I/We understand that this application will be retained on file for a period of one (1) year from the date of submission, after which time it will be securely destroyed.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only:

Interviewed By: \_\_\_\_\_

On Date: \_\_\_\_\_

Board Approval: \_\_\_\_\_

Membership Fee: \_\_\_\_\_ Damage Deposit: \_\_\_\_\_ Acct Information: \_\_\_\_\_

Reference Check: \_\_\_\_\_ Landlord Check: \_\_\_\_\_ Credit Check: \_\_\_\_\_